

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8						
9	1					
10	1					
11	1					
12	1					
13	1					
14		1				
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	13					
TOTAL DEP.	2					
TOTAL CLAIMS	15					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS
